

State of Nevada  
Department of Business and Industry  
**Nevada Transportation Authority**

**Application for Warehouse Permit**

For a Warehouse Permit to engage in the permanent storage of household goods and effects under the provisions of Household Goods and Effects Storage Act: NRS 712.010, *et seq.* (specifically, NRS 712.040).

In the matter of the application of \_\_\_\_\_

\_\_\_\_\_

dba \_\_\_\_\_

\_\_\_\_\_

CPCN number (for current household goods movers) \_\_\_\_\_.

**Please read the instructions carefully before preparing exhibits and attaching forms. When complete, submit your original and 9 copies of this application along with the \$50.00 filing fee to:**

**Nevada Transportation Authority**  
**2290 S. Jones Blvd., Suite 110**  
**Las Vegas, NV 89119**

The following exhibits should be labeled and separated by tabs:

**EXHIBIT A**  
Annual Report

**EXHIBIT B**  
Income Statement

**EXHIBIT C**  
Balance Sheet

**EXHIBIT D**  
Insurance Coverage

**EXHIBIT E**  
Copy of articles of incorporation **or** for sole proprietorships or partnerships, a copy of partnership agreement.

**FORM # 1** Name, title and address of the owner, officials of the corporation or partners, and their interests.

If operating as an individual, name, address, and phone number of owner:

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If a partnership, provide name, address and phone number of all partners and attach a copy of the partnership agreement.

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If a corporation, list the five largest shareholders, their addresses and percent of stock owned. Attach a copy of the articles of incorporation and corporate charter.

1.

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If a corporation, list the names and addresses of each of the current officers.

President \_\_\_\_\_

Vice President \_\_\_\_\_

Secretary \_\_\_\_\_

Treasurer \_\_\_\_\_

General Manager \_\_\_\_\_

**FORM # 2 Warehouse Statistics**

**Location of storage facilities:** \_\_\_\_\_

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**Number of years in business in the State of Nevada:** \_\_\_\_\_

**Number of warehouse doors serviced by truck:** \_\_\_\_\_

**Cubic footage available for storage (length x width x height):** \_\_\_\_\_

**Type of fire protection available within storage facilities:** \_\_\_\_\_

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**The days and hours warehouse will be open to the public:** \_\_\_\_\_

**Average number of warehouse employees:** \_\_\_\_\_

**Type of construction of storage facilities:** \_\_\_\_\_

**Briefly describe the security accorded the warehouse premises and the stored goods and effects:** \_\_\_\_\_

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## OATH

STATE OF \_\_\_\_\_ )

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COUNTY OF \_\_\_\_\_ )

I, \_\_\_\_\_, being duly sworn, state that I file this application as (indicate relationship to applicant, i.e.: owner, title as officer, etc.) \_\_\_\_\_; that, in such capacity, I am qualified and authorized to file and verify such application; that I have carefully examined all the statements made and matters set forth therein are true and correct to the best of my knowledge, information, and belief. Affiant further states that the application is made in good faith and presents evidence in support of said application on every particular requested by the Nevada Transportation Authority.

\_\_\_\_\_  
Signature of Affiant

Subscribed and sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Signature of Attorney, (if any)

Mailing address of applicant:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing address of attorney:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_